

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7640

4877  
FILED FEB 25 1953

State File No. 1299

1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>The Peoples Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3516 Clark Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lloyd</b> b. (Middle) <b>Stacy</b> c. (Last) <b>Hill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 15, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>1-15-53</b>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <b>People Hospital</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Lloyd Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Rodessa Hamah</b>	14. NAME OF HUSBAND OR WIFE <b>Odessa Hill</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Odessa Hill 3516 Clark Avenue</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undetermined</b>		
ANTECEDENT CAUSES			
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7955</b>

22. I hereby certify that I attended the deceased from **1-15-1953** to **1-15-1953**, that I last saw the deceased alive on **1-15-1953**, and that death occurred at **8:14 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mr. Edward Hill M.D.</b> (Degree or title)	23b. ADDRESS <b>2901<sup>1/2</sup> Laclede ave.</b>	23c. DATE SIGNED <b>1-15-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>FEB 4 1953</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**